

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025280

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

273  
3051  
82  
FILED JUN 20 1963DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>PERRY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>STE. GENEVIEVE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>PERRYVILLE</b>		c. CITY OR TOWN <b>RIVER AUX VASES</b>	
c. FULL NAME OF (If NOT in hospital, give location) <b>PERRY</b> HOSPITAL OR INSTITUTION <b>COUNTY MEMORIAL HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>RIVER AUX VASES</b>	
3. NAME OF DECEASED (Type or print) <b>MARY KLEIN</b>		4. DATE OF DEATH Month <b>JUNE</b> Day <b>4</b> Year <b>1963</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-12-1885</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		11. BIRTHPLACE (City and state or country) <b>COFFMAN, MISSOURI</b>	
13a. FATHER'S NAME <b>ANDREW BASLER</b>		14. NAME OF HUSBAND <b>JOSEPH H. KLEIN</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		17. INFORMANT Address <b>MRS. FRED STORCK, RIVER AUX VASES, MO.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Renal Failure</b> DUE TO (b) <b>Chronic Pyelo-nephritis</b> DUE TO (c) <b>Chronic Bronchial Asthma</b>		INTERVAL BETWEEN ONSET AND DEATH <b>one week</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease/condition given in PART I (a) <b>Chronic Bronchial Asthma</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>None</b>	
20c. TIME OF INJURY Hour <b>11:25 P.M.</b> Month, Day, Year <b>6/14/63</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		20f. CITY, TOWN, OR LOCATION <b>RIVER AUX VASES, MO.</b>	
21. I attended the deceased from <b>5/27/63</b> to <b>6/4/63</b> and last saw her alive on <b>6/4/63</b> Death occurred at <b>11:25 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <b>6/12/63</b>	
22a. SIGNATURE <b>Wm. E. Hoffman M.D.</b>		22b. ADDRESS <b>Rayville, Mo.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>6-7-1963</b>	23c. NAME OF CEMETERY <b>G.S. PHILLIP &amp; JAMES</b>	23d. LOCATION (City, town, or county) <b>RIVER AUX VASES, MO.</b>
24. FUNERAL DIRECTOR <b>JEROME H. STANTON, STE. GENEVIEVE, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>6-15-63</b>	
26. REGISTRAR'S SIGNATURE <b>Joe J. Zollner</b>			

(Licensed Embalmer's Statement on Reverse Side)

APR 24 1964

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*James H. Sinton*

Licensed Embalmer No. 3817

P. O. Address STE. GENEVIEVE, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.